Difficulty Swallowing, Aspiration and Choking:  
A Safety Risk for Persons with Developmental Disabilities

Let’s begin by defining two important terms: **DYSPHAGIA** and **ASPIRATION**.

- **DYSPHAGIA** is the medical term for difficulty with swallowing.

- **ASPIRATION** is the medical term for inhaling small particles of food or drops of liquid into the lungs. Aspiration may occur without anyone knowing, if the amount of food or liquid is small (Silent Aspiration). The first sign of aspiration may be trouble breathing, or signs of pneumonia.

- **CHOKING** on food frequently happens to people who have difficulty swallowing. Choking can also happen for people who do not have swallowing problems, but may stuff their mouths with food and try to swallow without properly chewing it. One of the best ways to help persons avoid choking on food is to not get into power struggles over food or create a situation in which a person feels like they have to sneak food in order to eat what they want. Instead of saying “no” when a person wants a snack just before a meal, offer them the choice of a small amount of two healthy snack items to “hold them over” until the meal is ready.

Problems with **SWALLOWING** (Dysphagia) and **ASPIRATION** are common issues for persons with developmental disabilities, especially those persons with Cerebral Palsy (which can affect the muscles involved in swallowing, as well as the muscles in the arms, legs, and neck). The risk of difficulty with swallowing and aspiration increases with age in all persons, so the risk for those with developmental disabilities increases with age as well. Swallowing risks are the highest in older persons with Cerebral Palsy.

Can we identify those people who are at higher risk?

Here are some factors that increase a person’s **RISK OF ASPIRATION**:

1. Decreased or absent gag reflex.
2. Weakness of the muscles that are used in chewing and swallowing.
3. Gastro-esophageal Reflux Disease (GERD), otherwise known as heartburn severe enough to need to be treated with medication.
4. Having a seizure disorder.
5. Eating too fast or stuffing your mouth.
6. Medication side effects that relax the muscles used for chewing and swallowing, decrease the gag reflex, or make a person sleepy.
7. People who can’t get into a proper position to eat by themselves.
What can you do if you think a person may be having a problem with swallowing?

TELL THEIR PRIMARY CARE PROVIDER (PCP) or DOCTOR!

The doctor may ask for a FEEDING EVALUATION (completed by a speech therapist) or have X-ray testing completed. Once the problem with swallowing has been diagnosed, a number of treatment options can be considered, such as the following:

1. **A WRITTEN PLAN** for feeding the person which is to be followed by everyone!
2. **DOCTOR’S ORDERS**, which may include any of the following:
   - Food cut into small or bite-size pieces.
   - Liquid diets or pureed food only.
   - Frequent smaller meals.
3. **PROPER POSITIONING** before, during, and after meals.
4. **PROPER TRAINING** for all staff who will be assisting with meals and snacks.

Here are some tips for decreasing the risk of aspiration or choking when you are helping someone to eat:

1. Let the person you are helping to eat rest for 30 minutes before feeding. A rested person is less likely to have problems while chewing and swallowing.
2. Make sure the person is sitting upright in a chair while eating, and/or positioned at an angle designated by the specialist.
3. If a person is eating in bed, make sure the head of the bed is elevated while they are eating.
4. Don’t hurry through feeding! Let a person rest if they become tired while eating.
5. Alternate between bites of solid food and drinks of liquid and/or as the doctor ordered.
6. If a person has had a stroke and their mouth is weakened on one side, put the food on the stronger side of the mouth.

Every year, people with developmental disabilities die because they choked while eating! Let’s all work together to decrease that number here in Arizona.